ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
ORDER RENEWING RESTRAINING ORDER	CASE NUMBER:
(Elder or Dependent Adult Abuse) (CLETS)	
(
ORDER	
1. The court has considered the application to renew the Restraining	Order After Hearing (Elder or Dependent Adult Abuse)
(restraining order) issued in this proceeding on (date):	
2. A copy of the restraining order is attached.	
3. The court renews the restraining order (check one):	
·	
b permanently.	
c other (specify):	
4. A copy of this order renewing the restraining order and any	proof of service must be given to the law enforcement
agencies listed below by the following means:	
 The protected person must deliver them. 	
b. The protected person's attorney must deliver them.	
c. The clerk of the court must mail them.	
<u>Law Enforcement Agency</u> <u>Addre</u>	<u>SS</u>
Date: _	
	(JUDICIAL OFFICER)